PTC/SB/17 (97-06)
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Effective on 12/08/2004. Frees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known				
		Application Nu			09/942,798-Conf. #9781		
FEE TRANSMITTAL		Filing Date	······································)1	*****************************	
For FY 2006		************	}		Kazuyuki MATSUOKA		
A Salahan A Salahan Sa		4777					
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	153 0486		···	***************************************	
TOTAL AMOUNT OF PAYMENT (\$) 950.00		Attorney Docket	Attorney Docket No. 0425-084		·····		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order Nome Other (please identify):							
x Deposit Account Deposit Account Namber 02-2448 Deposit Account Name. Birch, Stewart, Kolasch & Birch, LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments							
FEE CALCULATION	***************************************	Acidemical Control of the Control of		······	***************************************	***************************************	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FI		SEARCH FEES		IATION FEES			
Application Type Fee (\$	Small Entity Fee (\$) Fee	Small Entity (\$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Face !	Paid (\$)	
Utility 300	150 50		200	100			
Design 200	100 10		130	65			
Plant 200	100 30		169	80			
Reissue 300	150 50		600	300	***************************************		
Provisional 200		0 8	-0:0	8	··········		
2. EXCESS CLAIM FEES	X 17.00	.0	5,4	V		Commit Product	
Fee Description					Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 (including Reissues)					50	25	
Each independent claim over 3 (including Reissues)					200	100	
Multiple dependent claims					360	180	
Total Claims Extra Claims	Fee (\$) Fe	e Paid (\$)	Paid (\$)		nt Claims		
			Fee		ee Paid (\$		
HP = highest number of total claims paid for	if greater than 20.				-	-	
Indep Claims Extra Claims	Fee (\$) Fe	e Pald (\$)	?ald (\$)			_	
HP = highest number of independent claims	paid for, if greater than 3.						
3. APPLICATION SIZE FEE	n in the Maria Cara and I have						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)					Fee	Paid (\$)	
- 190 » /50 (round up to a visible number) x					: ·		
4. Other fee(s)					Fees	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)						a a	
Other (e.g., late filling surcharge): 1401 Notice of appeal 1252 Extension for response within second month					500.00 450.00		
Susmitted by Susmi							
(Attorney/Appea) 41,000				Telephone	(703) 205-8012		
Name (PrintType) Raymond C, Stewart				Date .	№ January 19, 2007		

RCS/GMD/mua Birch, Stewart, Kolasch & Birch, LLP